	nt of Organization nt Committee	Type or print in ink		Date Stamp	STATEMENT OF ORGANIZATION  CALIFORNIA A A A
Statement	Type ☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number:	Termination – See Part List I.D. number:	5 RECEIVED	FORM 4 I U
*		#	#	*04 MAR 11 A11:54	
	nittee Information		2. Treasurer ar	d Other Principal Office	ers
	ands of Stephani	e Schaaf	STREET ANDRESS	ie Schaet	
STREET A	DDRESS (NO PO. BOX)				AREA CODE/PHONE
Cirr	U s	TATE ŽTP CODE AREA CODE		View CA TREASURER, IF ANY	
	DDRESS (IF DIFFERENT)	A 94040 65042	STREET ADDRESS		
ODTIONAL			CITY	STATE	ZIP CODE AREA CODE/PHONE
	: FAX/E-MAIL ADDRESS 5 @ a (umni. b cow	a edu	NAME AND DOCUMEN	05.05.05.05.05.0	
	DF DOMICILE COUNTY	WHERE COMMITTEE IS ACTIVE IF DIFFERE		OF OTHER PRINCIPAL OFFICER(S), IF	APPLICABLE
Sout	a Clara	DUNTY OF DOMICILE	MAILING ADDRESS		
Attach ad	ditional information on appropriately la	beled continuation sheets.	CITY	STATE	ZIP CODE AREA CODE/PHONE
3. Verifice I have us perjury use	sed all reasonable diligence in preponder the laws of the State of Californ	paring this statement and to the best rinia that the foregoing is true and co	of my knowledge the informatio	n contained herein is true and c	omplete. I certify under penalty of
Executed	on	By	Starting Silve	TURE OF TREASURER OR ASSISTANT TREA	
Executed	ONDATE	Ву		LING OFFICEHOLDER, CANDIDATE, OR STA	
Executed	on	Ву	SIGNALURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT
	DATE		SIGNATURE OF CONTROL	LING OFFICEHOLDER, CANDIDATE, OR STAT	E MEASURE PROPONENT

## Statement of Organization STATEMENT OF ORGANIZATION Recipient Committee **CALIFORNIA FORM** INSTRUCTIONS ON REVERSE Page 2 COMMITTEE NAME I.D. NUMBER Friends of Stephanie Schaaf 4. Type of Committee Complete the applicable sections. Controlled Committee • List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election. • List the political party with which each officeholder or candidate is affiliated or check "non-partisan." • If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee. ELECTIVE OFFICE SOUGHT OR HELD NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT (INCLUDE DISTRICT NUMBER IF APPLICABLE) YEAR OF ELECTION PAR TY Non-Partisan tephanie Schaaf 2004 Non-Partisan • List the financial institution where the campaign bank account is located (controlled "candidate election" committees only) NAME OF FINANCIAL INSTITUTION AREA CODE/PHONE BANK ACCOUNT NUMBER **ADDRESS** CITY STATE ZIP CODE Primarily Formed Committee Primarily formed to support or oppose specific candidates or measures in a single election. List below: CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) CHECK ONE SUPPORT **OPPOSE**

SUPPORT

OPPOSE

## Statement of Organization STATEMENT OF ORGANIZATION Recipient Committee **CALIFORNIA FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME I.D. NUMBER Friends of Stephanie Schaat 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTYCommittee STATECommittee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment. NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR STREET ADDRESS NO. AND STREET CITY STATE ZIP CODE Small Contributor Committee Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

small contributor committee on January 1, 2001, enter 1/1/01.

- · This committee has ceased to receive contributions and make expenditures;
- · This committee does not anticipate receiving contributions or making expenditures in the future;

Date qualified

- · This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- · This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
  - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Statement of Recipient Co	Organization mmittee	Type or print in ink		Date Stamp	CALIFOR	
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number: # 1262889	Termination – See Part 5 List I.D. number:	RECEIVED CITYOFICALISTS		fficial Use Only
		Date qualified as committee (If applicable)	Date of Termination	UPPICE OF		
1. Committee	Information		2. Treasurer and 0	Other Principal Office	ers	
NAME OF COMMITT	EE		NAME OF TREASURER	2	.13	
Friend	ds of Stepl	nanie Schaaf	STREET ADDRESS	Patrick Shiel	als	
STREET ADDRESS	(NO PO ROV)	(3)	CITY		ARTICLE DESIGNATION	
					ZIP CODE	AREA CODE/PHONE
CITY		STATE ZIP CODE AREA CODE/I	PHONE NAME OF ASSISTANT TRE	RIC CA	94089	868-7574
	1 1/2.		PHONE NAME OF ASSISTANT TRE	nanie Schaat		
10001	rain view	CA 94040 650 4:	28 1833 STREET ADDRESS	nanie >chaqt		
MAILING ADDRESS	75		OTHEET ADDRESS ;		July 1	
1 Sas	@ alumni.	brown.edu	CITY	7 10000	ZIP CODE	AREA CODE/PHONE
OPTIONAL: FAX / E	-MAIL ADDRESS		Mars	tain View CA	94040	
->				OTHER PRINCIPAL OFFICER(S), IF A	99090	650458-183
COUNTY OF DOMIC	000111	Y WHERE COMMITTEE IS ACTIVE IF DIFFERE		THE THE CONTROL (I), II A	FFLICABLE	
Santa		OUNTY OF DOMICILE	MAILING ADDRESS			
Attach additional in	nformation on appropriately la	beled continuation sheets.	СІТУ	STATE	ZIP CODE	AREA CODE/PHONE
3. Verification I have used all reperjury under the	easonable diligence in pre	paring this statement and to the best cornia that the foregoing is true and con	of my knowledge the information co	ontained herein is true and cor	mplete. I certify	under penalty of
Executed on	3/3/04 DATE	Ву		OF TREASURER OR ASSISTANT TREASU		
Executed on	3/3/04 DATE	Ву	Styling Silvery	OFFICEHOLDER, CANDIDATE, OR STATE		OT.
Executed on	DATE	Ву		OFFICEHOLDER, CANDIDATE, OR STATE		
Executed on	DATE	Ву	CICHATURE OF CONTROLLING		MILAGURE PROPUNEN	

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

# Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

Friends of Stephanie Schaaf

	STATEMENT OF ORGANIZATION
	CALIFORNIA 410
	Page 2
9	LD NUMBER

4. Type of Committee Complete the applicable sections.

### Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		SOUGHT OR HELD IUMBER IF APPLICABLE)	YEAR OF ELECTION	PAR TY	
Stephanie Schaaf	City Come	il Mountain Vie	2004	Non-Partisan	Total
	,			☐ Non-Partisan	
List the financial institution where the campaign bank account is local	cated (controlled "candidate	election" committees only)			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOU	NT NUMBER		
Washington Mutval	650 968		09514428	772	
	CITY	STATE	ZIP CODE		
749 El Camino Real	Mountain Vie	w CA	94040		
Primarily Formed Committee Primarily formed to support or oppose	specific candidates or measure	s in a single election. List below	v:		
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	LETTER) CANDIDATE (INCL	(S) OFFICE SOUGHT OR HELD OF UDE DISTRICT NO., CITY OR COL	MEASURE(S) JURISDICTION		KONE
				SUPPORT	OPPOSE
				SUPPORT	OPPOSE

## Statement of Organization **Recipient Committee**

STATEMENT OF ORGANIZATION CALIFORNIA A

INSTRUCTIONS ON REVERSE	FORM 410
COMMITTEE NAME	Page 3
	I.D. NUMBER
4. Type of Committee (Continued)	
General Purpose Committee  Not formed to support or oppose specific candidates or measures  CITY Committee COUNTY Committee STATE Co	in a single election. Check only one box:
PROVIDE BRIEF DESCRIPTION OF ACTIVITY	
Sponsored Committee List additional sponsors on an attachment.	
NAME OF SPONSOR	200455
	P OR AFFILIATION OF SPONSOR
STREET ADDRESS NO. AND STREET CITY	STATE ZIP CODE
Small Contributor Committee	his committee qualified as a small contributor committee. If the committee qualified as a small contributor committee.
	7.1250 ( Office 1/1/01.

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
  - · This committee has ceased to receive contributions and make expenditures;
  - · This committee does not anticipate receiving contributions or making expenditures in the future;
  - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
  - · This committee has no surplus funds; and
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    - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to

Statement of Organization Recipient Committee		Type or print in ink	7	RECEIVED in the office of the of the State	Secretary of St CALIF	FORNIA 410
Statement Type	☐ Initial  Not yet qualified ☐ or	Amendment List I.D. number:  # 1262889  Bate qualified as committee (If applicable)	Termination – See Par List I.D. number:  #  Date of Termination	MAR	1 9 2004 Y, Secretary of State	For Official Use Only
1. Committee	Information		2. Treasurer a	and Other Princi	ipal Officers	
MAJUN MAILING ADDRESS	STATE COUNTY WE THAN	E ZIP CODE AREA CODE A 94040 650	CITY  NAME AND POSITIO	Patrick  Treasurer, if any ephanie  main Vie	Shields  ZIP CODE  CA 9408  Schaaf  ZIP CODE  CA 9408  OFFICER(S), IF APPLICABLE	AREA CODE/PHONE
Attach additional i	information on appropriately labele	d continuation sheets.	CITY		STATE ZIP CODE	AREA CODE/PHONE
3. Verification I have used all riperjury under th Executed on  Executed on  Executed on  Executed on	easonable diligence in prepari	ng this statement and to the best a that the foregoing is true and co	SIGNATURE OF CONTR	NATURE OF TREASURER OR A	<u>).</u>	PONENT

## Statement of Organization Recipient Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

RSE	FORM TIO
	Page 2
riends of Stephanie Schaaf	1.D.NUMBER 1262884

4. Type of Committee Complete the applicable sections.

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NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)		YEAR OF ELECTION	PAR TY	
Stephanie Schaaf	City Concil M	lountain/ieu	2004	Non-Partisan	
				Non-Partisan	
List the financial institution where the campaign bank account is local	ated (controlled "candidate election" con	mmittees only)			
NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT	NUMBER		
Washington Mutval ADDRESS 749 El Camino Meal Mou	650-968-0333	099	14428	72	
ADDRESS	CITY	STATE	ZIP CODE		112 22 11
749 El Camino Neal Moi	untain View	CA	94040		
Primarily Formed Committee Primarily formed to support or oppose s	specific candidates or measures in a single	election. List below:			
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR L	LETTER) CANDIDATE(S) OFFICE SO (INCLUDE DISTRIC	OUGHT OR HELD OR ME CT NO., CITY OR COUNT	ASURE(S) JURISDICTION Y, AS APPLICABLE)	N CHECK	K ONE
				SUPPORT	OPPOSE
				SUPPORT	OPPOSE

STATEMENT OF ORGANIZATION

CALIFORNIA /

## Statement of Organization STATEMENT OF ORGANIZATION Recipient Committee **CALIFORNIA FORM** INSTRUCTIONS ON REVERSE Page 3 COMMITTEE NAME D. NUMBER 4. Type of Committee (Continued) General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTYCommittee STATECommittee PROVIDE BRIEF DESCRIPTION OF ACTIVITY Sponsored Committee List additional sponsors on an attachment NAME OF SPONSOR INDUSTRY GROUP OR AFFILIATION OF SPONSOR NO. AND STREET STREET ADDRESS CITY STATE ZIP CODE Small Contributor Committee Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a

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